

FILED JUL 8 1942

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 165

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Atwater and Courtney Roads
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 7 years (Specify whether years, months or days)

In this community... 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town... Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Atwater and Courtney Roads
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME FLEM TARTER

3. (b) If veteran, name war... no

3. (c) Social Security No... none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1935
19... to June 19 1942

that I last saw h. i. m. alive on June 15 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lydia Tarter

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Dec. 24 1881
(Month) (Day) (Year)

Immediate cause of death Gastric Hemorrhage from multiple gastric ulcers.

Due to... 1 hr

Due to... 117a

Other conditions... 117a

(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>25</u>	hr. min.

9. Birthplace Starfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Flem Tarter, Sr.

13. Birthplace no record Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Marjaret Livingston

15. Birthplace no record Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Tarter

(b) Address Rt 1 - Independence, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/21/42
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cem

18. (a) Signature of funeral director W. C. Carson

(b) Address Independence, Mo

19. (a) 6-21-42 (Date received local registrar) (b) J. Medeiros (Registrar's signature)

Major findings: Of operations

Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. R. Schumacher (M. D. or other) M.D.

Address Liberty Mo Date signed 6-20-42

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JUL 1 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank H. Hill

Licensed Embalmer No.

2467

P. O. Address

Indep. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.